



## VOLUNTEER APPLICATION



*AN EQUAL OPPORTUNITY EMPLOYER*

Please complete thoroughly. Print legibly in ink or type information and return this application to:

Volunteer Coordinator  
City of Bryan  
City Secretary's Office  
300 S. Texas Avenue  
Bryan, TX 77803

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Names Used on Official Records (maiden, alias, etc.): \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License No.: \_\_\_\_\_ Class of License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you previously worked for the City of Bryan? ☐ YES ☐ NO

If yes, provide dates of employment: From: \_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you related to any City of Bryan employee and/or Bryan City Councilmember?

☐ YES ☐ NO If yes, please provide name and department/position:

\_\_\_\_\_

Have you ever been convicted of, or have charges pending for, a felony or misdemeanor, other than a minor traffic violation? (NOTE: *This includes offenses for which probation or deferred adjudication was granted.*)

☐ YES ☐ NO

If yes, please provide the following information: (NOTE: If more space is needed, provide on back or attached additional sheet.)

Date	Nature of Offense	Name of Court	Disposition of Case

**IMPORTANT!!** A conviction record will not necessarily bar you from volunteer work. Factors such as nature of offense, date, and relationship between the offense and the volunteer work will be considered. However, a false statement or omission of any information will bar you from volunteer work with the City of Bryan.

Do you have any physical or mental impairments that might limit you from performing the essential functions of the position? ☐ YES ☐ NO

If yes, please describe the limitations: \_\_\_\_\_  
\_\_\_\_\_

### REFERENCES:

Name	Address (Street, City, State, Zip)	Phone Number	Relationship

### SKILLS:

List any special skills, expertise, training, interest or hobbies that you have that you would like to use as a volunteer.

\_\_\_\_\_  
\_\_\_\_\_

## LANGUAGE SKILLS:

List any languages other than English that you speak and/or write fluently.

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## INTEREST IN VOLUNTEERING

Why would you like to volunteer with the City of Bryan? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Required community service | <input type="checkbox"/> Group project/part of an organization |
| <input type="checkbox"/> Retired                    | <input type="checkbox"/> Build work skills                     |
| <input type="checkbox"/> Meet new people            | <input type="checkbox"/> Serve the community                   |
| <input type="checkbox"/> Other: _____               |  |
- 

What particular area of work are you interested in? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Office/Clerical                              | <input type="checkbox"/> Library Assistance |
| <input type="checkbox"/> Labor/Maintenance                            | <input type="checkbox"/> Community Cleanup  |
| <input type="checkbox"/> Special Events (festivals, event activities) | <input type="checkbox"/> Sports/Recreation  |
| <input type="checkbox"/> Carpentry                                    | <input type="checkbox"/> Crafts             |
| <input type="checkbox"/> Publications/Writing                         | <input type="checkbox"/> Media              |
| <input type="checkbox"/> Grants                                       | <input type="checkbox"/> Teaching/Training  |
| <input type="checkbox"/> Research                                     | <input type="checkbox"/> Public Safety      |
| <input type="checkbox"/> Other (please describe) _____                |   |
- 
- 
- 
-

**AVAILABILITY:**

How often would you like to work?

☐

Weekly

☐

Monthly

☐

Occasional (special projects)

☐

Full Semester

☐

Other (Please explain) \_\_\_\_\_

\_\_\_\_\_

Days available for volunteer work:

☐

Monday

\_\_\_\_\_ to \_\_\_\_\_

☐

Tuesday

\_\_\_\_\_ to \_\_\_\_\_

☐

Wednesday

\_\_\_\_\_ to \_\_\_\_\_

☐

Thursday

\_\_\_\_\_ to \_\_\_\_\_

☐

Friday

\_\_\_\_\_ to \_\_\_\_\_

☐

Saturday

\_\_\_\_\_ to \_\_\_\_\_

☐

Sunday

\_\_\_\_\_ to \_\_\_\_\_

When can you begin? \_\_\_\_\_

Do you have a certain number of hours that you need to complete? ☐ YES ☐ NO  
If yes, how many? \_\_\_\_\_

Do you have a deadline to complete this work? ☐ YES ☐ NO  
If yes, when? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

How did you find out about the City of Bryan's Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

Please use the space for any additional information about yourself you would like to be considered.

\_\_\_\_\_

\_\_\_\_\_

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The statements made by me in this application are true and complete to the best of my knowledge, and I understand it is subject to verification by the City of Bryan. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the City of Bryan or immediate release from volunteer work.

I understand that a criminal history check will be administered as well as verification of any information provided as part of the volunteer process, such as reference checks, review of drivers license record, etc.

I understand that I will be required to submit to and successfully pass a medical examination and/or drug test by a physician and laboratory selected by and at the expense of the City of Bryan.

In the event that I am placed as a volunteer with the City of Bryan, I understand that I shall be required to sign a Volunteer Agreement and that I will be required to comply with all of the City's rules, policies and regulations. I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the City of Bryan has the right to terminate my services as volunteer at any time, with or without notice.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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HUMAN RESOURCES USE ONLY		
Date & Time:	Drug Screen: PASS / FAIL	Criminal Check: PASS / FAIL
Date Cleared:	Comments:	